

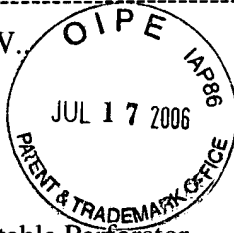
#474

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Prior Application Serial No.: _____
Prior Application Filed: _____

Prior Examiner: _____
Prior Group Art Unit: _____

In Re Application of: Presby David W.
Serial No.: 10/695,883
Filed: October 29, 2003
Confirmation No.: 7811



Group Art Unit: 3671
Examiner: Mayo, Tara L.
Paper No. 3
Dkt. No: PY374-SKIM

For: Method, Apparatus and Actuatable Perforator
For Creating Apertures in Pipe and Pipe Produced Thereby

To: Mail Stop: Fee Amendment (Office Action Resp)
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

CERTIFICATE OF MAILING (37 CFR 1.8a)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service EXPRESS MAIL POST OFFICE TO ADDRESSEE with sufficient postage on the date shown below in an envelope addressed to: Commissioner of Patents, P.O. Box 1450 Alexandria, VA 22313-1450.

Date: 07/13/2006

George W. Dishong

Reg. No. 71,348

RESPONSE TO OFFICE ACTION TRANSMITTAL LETTER

1. Transmitted herewith for filing is an Election Of Species for this application, responsive to the examiner's requirement under 35 U.S.C. §121.

STATUS

2. Applicant is:
[X] a small entity --- verified statement is
[] attached.
[X] already filed.
[] other than a small entity.

EXTENSION OF TERM

3. (complete (a) or (b) as applicable)
(a) Extension requested:

MONTHS	Fee for other than Small Entity	Fee for Small Entity
[X] ONE month	\$120.00	\$60.00
		FEE <u>\$60.00</u>

[] An extension for _____ months has already been secured and the fee paid therefor of \$ _____ is deducted from the total fee due for the total months of extension now requested.

Extension Fee due with this request \$ 0.00

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60.00 0P

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Serial No.: 10/695,883

July 13, 2006

FEE FOR CLAIMS

4. The fee for claims is calculated as follows:

	(Col. 1)		(Col. 2)	(Col. 3)	Small Entity		Other Entity
	CLAIMS		HIGHEST	PRESENT	RATE	ADDIT	OR RATE
	REMAIN		NO. PREV	EXTRA		FEE	ADDIT
							FEE PAID
Total	* <u>04</u>	minus	**20	= 0	x25=	\$ 0.00	x50= \$0.00
Indep	* <u>03</u>	minus	***3	= 0	x100=	\$ 0.00	x200= \$0.00
[] 1ST PRESENT. OF MULTIPLE DEP. CLAIM					+180=	\$ 0.00	+360= \$0.00
TOTAL						\$ 0.00 OR TOTAL	\$0.00

ADDIT. FEE \$ 0.00

* If the entry in Col. 1 is less than entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid For" is less than 20, enter "20".

*** If the "Highest No. Previously Paid For" is less than 3, enter "3".

(c) [X] No additional fee is required or

(d) [] Total additional fee required \$ 0.00

5. FEE PAYMENT

[X] Attached is a check # 5197 in the sum of \$ 60.00

[] Charge Account No. _____ the sum of \$ _____

A duplicate of this transmittal is attached.

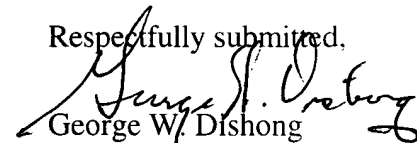
6. FEE DEFICIENCY

[] If any additional extension fee is required, charge Acct. No. _____

AND/OR

[] If any additional fee for claims is required, charge Acct. No. _____

Respectfully submitted,



George W. Dishong

Attorney for Applicant

Registration No. 31,348

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